MARGIN RESERVED FOR BINDING

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very certificate. RECORD PERMANENT UNFADING INK-THIS of information should be of DEATH in plain terms, so See instructions on back of WRITE PLAINLY, WITH should be PO important. CAUSE (No. 'n 00 z

1 PLACE OF DEATH 5148	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty Monty	Registration Dist. No. 2.
Village or City MartinsburgNo.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH A A D , 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH (Month) (Day) (Year)	that I last saw h. allve on
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds. Contributory (Secondary)
(State or country) 10 NAME OF FATHER Solution 11 BIRTHPLACE OF FATHER	(Signed) EW While , M. D. (Signed) L, 1913. (Address) Loobsvill
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 SIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) HEALT Me Stabe	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Sesson Mat 27, 15 Filed Laft 2, P., 1913 White REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MATTERIAL 20 UNDERTAKER PLAN BOVY FON BOOLSVILLE

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fleation, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage, as "Purrement scottchacture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. thenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," __ (name origin; "Can-Never report Examples: 30



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DEATH in plain terms, See instructions on back

PARENTS

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10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE

OF FATHER (State or country)

RECORD

PERMANENT stated EXACTLY.

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PLACE OF DEATH 54 County Montgone Urlla Bricroft PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, Whate WIDDWED. (Write the word) DATE OF BIRTH (Month) 7 AGE 8 OCCUPATION (a) Trade, profession, or brushors particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.... .Ward)

fit death occurred in a hospital or institution, give its NAME Instead ot street and number.]

MEDICAL	CERTIFICATE C	OF DEATH	
16 DATE OF DEATH	(Month)	28- (Day	, 191 (Year)
17 I HEREBY	CERTIFY. That		
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			, 191
that I last saw h. 22. ali	ve on H	26-	191
and that death occurred o	n the date state	d above, at	ra in
The CAUSE OF DEATH*	was as follows:		
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H-28- 1913 (Address) Sa	nd, Jp.	wing in
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18 LENGTH OF RESIDENT	CE (FOR HOSPITAL	s, Institutions	TRANSIENT
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Where was disease contracted,			
It not at place of death?	••••••••	A	
Former or usual residence	********************************		
19 PLACE OF BURIAL OF			**************
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If more blanks are needed, address State Re

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[Approved by U. S. Consus and American Public Health Association.]

gainfully employed, as At school or At home. additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

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1 PLACE OF DEATH (No. ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO, (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than 1 day hrs. OR mln. ? mos. BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) State or country) 10 NAME OF FATHER S 11 BIRTHPLACE ENT OF FATHER AR 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 THE ABOVE (Address) 15 docal REGISTRAR If more blanks are needed, address State Regis trar, 8 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St:....Ward)

It death occurred in a hospital or institution, give its NAME instead of street and number.]

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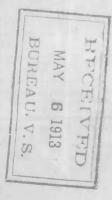
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17 I HEREBY	CERTIFY,		ended dec	
and that death occurred o			A	-, 191.3
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16 LENGTH OF RESIDENC OR RECENT RESIDENTS) At place of death	1:	the	Yrs,	
Former or usual residence		***************************************	***************	
Minory Cerul	fearelle,	Mel 9	n 19	URIAL , 191경
20 UNDERTAKER		A	DDRESS	

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—('oal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers mine, etc. statement. it should be used only when needed. As examples:
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V. S. No. 1.

N. B.—Every Item of information should be esrefully aupplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact atatement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

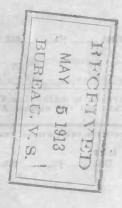
Gounty Montgomery	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 222
Village or City Delice	Ward) [If death occurred to a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final White (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH October 5, 1834 (Month) (Day) (Year)	gan 7 1913, to affeil 2 1913, that I lest saw h Et allve on affeil 2, 1913.
78 yrs. 5 mos. 29 ds. OR min.?	and that desth occurred on the data stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Carenoma af Clomach (Duration) yrs. 6 mos. os.
which employed (or smploysr) BIRTHPLACE (State or country)	Contributory (Secondary) (Secondary) (Deration) yrs mos 28 ds.
OF FATHER GALLOS, GORLLON 11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
OF MOTHER LOVELESS 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs
(Informant) Section & Brussett,	If not at place of death? Former or osual residence
(Address) Selver & Jungs 16 Filed april 4, 191.3 Start Stowlest Squitz REGISTRAN	Arest Slew Med april 5, 1913 20 UNDERTAKER W. Grungher Rockville
If more blanks are needed, address State Registra	r, 6 E. Franklin Sf., Balto., Requesting V/S. No. 1.

[Approved by U. S. Census and American Public Health

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fif death occurred in

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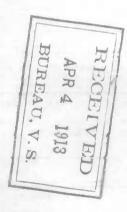
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cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

childbirth or miscarriage, as "Purpresal scotichaesuch, if impossible to determine definitely. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State (name origin; "Candeath), 29 "Exhaustion," Examples: cause for



-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN V. S. No. 1.

N. B.

1 PLACE OF DEATH

County Montgower 5146	CERTIFICATE OF DEATH Registration Dist. No. 2//
Village or City Hordsed (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Hute (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Feb. 29, 1832	that I last saw help alive on all 2 4 , 1913.
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at
particular kind of work	Contributory Secondary
11 BIRTHPLACE OF MOTHER Samul Cessel 12 MAIDEN NAME Plang areh Bell 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME Plang areh Bell 15 BIRTHPLACE OF MOTHER (State or country)	(Signed)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) 15 Filed 1 25,1913 REGISTRAR If more blanks are needed address State Regis	Joace Church Date of Burial Space Church Date of Burial Date of Bu
II more blanks are needed, address State Regis	trat, o E. Frankin St., Baito., Requesting V. S. No. 1.

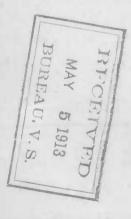
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dcaler," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee ou Nomencla-"Coutributory." schsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Sculle," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Iuauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Can-The coutributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing (Recommendations ou statement of State cause for death), 29 ds.; "Exhaustion,"



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See

Item 05 CAUSE OF

Every

PHYSICIANS

RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 200 Ilt death occurred in t:.....Ward) a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWEO, OR OLVORCEO I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER (State or country) ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In the of death yrs. mos. ds. State yrs, ____ Where was disease contracted. If not at place of death? Former or usual residence. DATE OF BURIAL 15

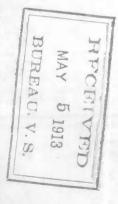
of more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (A) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—In all respect to the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc.. Carcinoscia

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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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	UNFADING	carefully supple that it may of certificate.
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	TE PLAINLY	Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
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Village or City Dickson (No. , St.; Ward) a ho give	220
Village or City Dickerson (No. , St.; Ward) a ho give	If death occurred i
	ospital or institution its NAME instea treet and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MINOWED, Single ORDIVORCEO (Write the word) 8 DATE OF BIRTH 18 DATE OF DEATH (Month) (Day (Month) (Day (Write the word) 17 I HEREBY CERTIFY, That I attended (Apr. 1913, to Apr. 10	y) (Year)
(Month) (Day) (Year) Tage If LESS fhan f day, hrs. or min. or min.	
Boccupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Government of the following profession or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	mos ds
(State or country) Manyaud	mos. ds
of Mother flace of Country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE (Informant) 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE) 17 BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE) 19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE) 10 A PROPERTY OF RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE) 10 A PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE) 10 A PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE) 10 A PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE) 10 A PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE) 14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE (Informant) 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE) 16 A PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE) 17 B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE) 18 A PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE) 18 A PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE) 18 A PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE) 18 A PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE) 18 A PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE) 18 A PROPERTY RESIDENCE (FOR HOSPITALS, INSTITUTION OF RESIDENCE (FOR HOSPITALS, INSTITUTI	
(Address) Ockerson Md 19 Place of Burial or REMOVAL DATE OF BURIAL	F BURJAL 12 7, 191.3 ss wsville

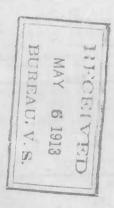
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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—('oa) cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 15 OR UNFADING INK-THIS Ŀ RESERVED MARGIN WRITE PLAINLY, WITH

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Goui	PLACE OF DEATH 5149. Moutgowery Be or City Bertusda (No. 2) Pull NAME Fouris Charles Folyo	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 / 6 St.; Ward) [If death occurred in a hospital or institution, give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX		16 DATE OF DEATH 4 28 , 1913 (Month) (Day (Year)
7 AGE	(Month) (Day (Year) If LESS than 1 day,hrs. ORmin.?	that I last saw h alive on alive on the date atsted above, at 1 and m. The CAUSE OF DEATH* was as follows:
(a) T partic (b) 6 busine which	rade, profession, or cular kind of work. General nature of industry, ess, or establishment in Lebrary of Cougass ithplace State or country) fulls a first factor of the country.	Contributory Coura
ENTS	11 BIRTHPLACE OF FATHER (State or eountry) 12 MAIDEN NAME OFFICE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	(Signed) To her Col. Chappell M. D. #State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, or Homicidal.
0.	13 BIRTHPLACE OF MOTHER (State or country) Clustrian Poland IE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
15 Flied	REGISTRAR	Former or usual residence 19 place of Burial or Removal Washa Fasa River Read May 1, 1913 29 undertaker Lumints Sous trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked ou may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: causing neath, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (7)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from genitai," "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Anacmia" (mereiy symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origin; "Causcpsis, tctanus) may be stated under LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inauition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for the head of Never report



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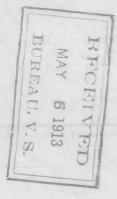
STATE OF MARYLAND 1 PLACE OF DEATH 5150 CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred loWard) a hospital or Institution give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above 1 day,hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. If not at place of death? Former or usual residence 15 20 UNDERPAKES REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

.... Grocery; (a) Foreman, (b) Automobile factory. "material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of agc. ness of various pursuits cau be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Croup";) brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE Typhoid unqualified, is indefinite): Tubercufever (never report "Typhoid Carcin-

> nant neoplasms); Meastes; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... mus," "Old Age," "Shock," "Uraemia," "Weakness," merc symptoms or terminal conditions, such as "Asaffectiou need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report



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5151 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. N It death occurred in .Ward) a hospital or Institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, Write the word) CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) It LESS than TAGE 1 day,hrs. BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER ARENTS 11 BIRTHPLAGE (Address) inn. al OF FATHER (State or country) *State the DIREARE CAURING DEATH, or, in deaths from VIOLENT CAUSEA, atate (1) MEANA OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State Where was disease contracted. It not at place of death?. Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL Address 15 ADDRESS

If piore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has As examples: For persons (%)

Statement of cause of death--Name, first, the disease causing health (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal septichaeetc., when a definite disease can be ascertained us the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc.. of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1913
BUREAU, V.S.

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KECOKD	ACTLY. PHYSICIANS should atement of OCCUPATION is
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENI RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
	N. B. –

state

1 PLACE OF DEATH

5153

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	212
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.St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead

	FULL NAME Elmy Dr.	or street and number.
=======================================	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE	(Month) (Day) (Year)	that I last saw h allve on
7 AGE	if LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trac particul (b) Gen	DPATION de, profession, or lar kind of work leral nature of industry, s, or establishment in	Principal was my 19.
which e	mployed (or empioyer) HPLACE or country)	(Duration) yrs, mos. / 2 ds. Contributory (Secondary) (Duration) yrs, mos. ds.
	BIRTHPLACE TO A HOLLING	(Signed) 2 Whl , M. D. Ops 23,1913 (Address) Published
AR II	OF FATHER (State or country) MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	TABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE OF MARTINITY OF THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
15	(Address) Depends 1941)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MATTERIAL 3 3191 3
Filed	apr 23,1913 2 w While	20 UNDERTAKER ADDRESS

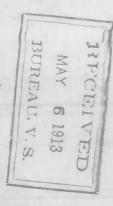
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gmaterial worked on may form part of the second ratement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock." 'Traemia," "Weakness," cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purapraal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



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	f information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is i	
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Monday Registration Dist. No. It death occurred in St.:....Ward) a hospital or Institution, give its NAME Instead of street and number.] ada Refree Starding MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. manus WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 1912 to 3 that I last saw h 22 alive on 3 - / - 191 A (Month) (Year) and that death occurred on the date stated above, at 2 P 7 AGE A LESS thanhrs. The CAUSE OF DEATH* was as follows: min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory Bart to 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or coun 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE At place In the OF MOTHER (State or copr State yrs, _ of death _____ yrs. ____ mos. ... _ ds. Where was disease contracted. 14 THE ABOVE IS TRUE MY KNOWLEDGE it not at place of death?. OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

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cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia ample: Measles (disease causing death), 29 ds.; The contributory tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations ou statement of (secondary), 10 ds. Never report (secondary or intercurrent) State cause for For vio-





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	RECORD	PHYSICIANS should state of OCCUPATION Is very
T. E. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Gounty Montgomery 5154	STATE OF MARYLAND CERTIFICATE OF DEATH
Obuilty .	Registered No. 223
* PULL NAME John Brooks He	St; Ward) [If death occurred is a hospital or institution give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mall white Single, married Wiooneo, ORDIVORCEO (Write the word)	16 DATE OF DEATH Of 12 , 1913. (Month) (Day) (Year)
6 DATE OF BIRTH Mov 16 , 1826. (Month) (Day) (Year)	that I last saw h is all ve on Of 12 1913
7 AGE ST. T. Mos. 6- ds. OR	and that death occurred on the date stated above, at 6 m The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment to which employed (or employor) BIRTHPLACE (State or country)	(Duration) yrs mos ds. ds. (Secondary)
10 NAME OF FATHER AULO Herburgo 11 BIRTHPUACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. 5 ds. State yrs, mos. 5 ds. Where was disease contracted, wash. 9 Former or 4 20 11 - 2 2 2 2 2 2
(Address) Jakony Pak, De 15 Filed April 2, 1913 HEROGENS REGISTRAR	19 PLACE OF BUBIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Nesh Db.
11 more blanks are needed, address State Registrar	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Labbrer-Coal essary to know (a) the kind of work and also (b) tion is very important, so that the relative heaithfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekcepers statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In a frection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Purreran septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasgenltai," "Senlie." etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Mcasics; Whooping cough: Chronic oma. Sarcoma. etc., of Injury, as fracture of skull, and consequences (e. g., dent; Revolver round of head-homicide; Polsoned LENT DEATHS state MEANS OF INJUSY and qualify as is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-"Exhaustion," Never report Examples: d.8. ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

MAY 5 1913
BUREAU, V.S.

	RECORD	PHYSICIANS should state to of OCCUPATION IS VET
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	1 PLACE OF DEATH	STATE OF MARYLAND
	5155 IS	CERTIFICATE OF DEATH
Col	inty Muly 0100	7/
		Registered No. Z
Vil	lage or City Deudle (No	St; Ward) [It death occurred in a hospital or institution, give its NAME instead
	0- +00-	ot street end number.]
	FULL NAME Malkata	J. M. J.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
_	150000 0 0/6	16 DATE OF DEATH OF SON TO
SEX	MARRIEO, WIDOWED,	(Month) (Day) (Year)
3	words (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
DA	TE OF BIRTH	191 to Feb. 26 1913.
	april 13 1831	4/
	(Month) (Day) (Year)	that I last saw had alive on
AGI	it LESS then	and that death occurred on the date stated above, at
	1 dey,hrs.	The CAUSE OF DEATH * was as follows:
	2 yrs. mos. 3 ds. OR min.?	Industries !!
_	CUPATION	
	rade, protession, or hospitals special	
	General nature of Industry,	
	ess, or establishment in	(Bundley) was man de
		(Duration)
whic	n employed (or employer)	Contributory
whic		Gontributory (Secondary)
whice BIF (Ste	n employed (or employer)	Gontributory (Secondary)
Whic BIF (Ste	n employed (or employer)	Gontributory (Secondary)
Whice Bird	amployed (or employer) ATHPLACE the or country) TO NAME OF FATHER Abania Haffs	(Secondary) (Secondary) (Duration) yrs mac ds (Signed) , M. D
BIF (Ste	n employed (or employer) ATHPLACE the or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory (Secondary) (Signed) (Signed) (Address) (Address)
BIF (Ste	amployed (or employer) ATHPLACE the or country) TO NAME OF FATHER Abania Haffs	(Signed)
BIF (Ste	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME	(Signed) (Signed) (Signed) (Address) (Address) (Signed) (State the DISEASE CAUSING DEATH, or, in deaths from Violent
Which	10 NAME OF FATHER OF FATHER (State or country)	(Signed)
Whice	10 NAME OF FATHER OF FATHER (State or country) 112 MAIDEN NAME OF OF MOTHER (State or country) 113 BIRTHPLACE OF MOTHER (State or country) 114 MAIDEN NAME OF MOTHER MANY AND MOTHER OF MOTHER MANY AND MOTHER MO	(Signed) (Signed) State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the
BIFF	10 NAME OF FATHER CHARACTER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF OF MOTHER HAMP CHARACTER (State or country) 12 MAIDEN NAME OF MOTHER HAMP CHARACTER (MAIDEN NAME OF MOTHER HAMP CHARACTER)	Contributory (Secondary) (Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuei; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length Of Residence (For Hospitals, Institutions, Transients or Regent Residents) At place In the oil death yrs. mos. ds. State yrs. mos. ds.
Which is the second of the sec	10 NAME OF FATHER OF FATHER (State or country) 112 MAIDEN NAME OF OF MOTHER (State or country) 113 BIRTHPLACE OF MOTHER (State or country) 114 MAIDEN NAME OF MOTHER MANY AND MOTHER OF MOTHER MANY AND MOTHER MO	Contributory (Secondary) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place in the ot death yrs. mos. ds. State yrs, mos. ds. Where was disease contrected,
Whice Steem	11 BIRTHPLACE OF FATHER State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MOTHER (State or country) 16 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory (Secondary) (Signed) *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *Blength of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, it not at place of death? Former or
Whice Steem	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	Contributory (Secondary) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *Slength of Residence (For Hospitals, Institutions, Transients or Recent Residents) At place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contrected, it not et place of death? Former or usual residence.
Whice Steem	11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE INTORMANT) 15 MOTHER (State or country)	Contributory (Secondary) (Signed) State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place In the did the d
whice State of the	11 BIRTHPLACE OF FATHER State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MOTHER (State or country) 16 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory (Secondary) (Secondary) (Signed) State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs, mos. ds Where was disease contrected, it not et place of death? Former or usual residence.
Whice State of the	11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE INTORMANT) 15 MOTHER (State or country)	Contributory (Secondary) (Secondary) (Signed) State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs, mes. ds. Where was disease contrected, it not et place of death? Former or usual residence.
whice Steel	10 NAME OF FATHER CHARACTER (State or country) 112 MAIDEN NAME OF MOTHER (State or country) 113 BIRTHPLACE (State or country) 114 MAIDEN NAME OF MOTHER (State or country) 115 MAIDEN NAME (State or country) 116 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGR (Address) (Address) (Address)	(Signed) *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. *SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it not at place of death? Former or usual residence. **Death of Burial or Removal Date of Burial State of Burial

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursults can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPEEAL septichaeetc., when a definite disease can be ascertained as the genital," valvular heart disease; Ohronio interstitial nephritis cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and quality as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronia cer" is less definite; avoid use of "Tumor" for mailsture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Examples: ds.;



	RECORD	PHYSICIANS should state t of OCCUPATION is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

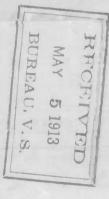
Village or City Torast soleno.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St; Ward) St; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended deceased from
(Month) (Day) (Year)	that I last saw h in allve on 25 ,1913.
7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or Relieb heach and particular kind of work	Clever forming
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 3 ds.
9 BIRTHPLACE (State or country) Sound our Co. Va	(Seendary) or gravie Muyer Charles (Buration)
10 NAME OF John Journell	(Signed) Eugen one N.D.
OF FATHER (State or country) Journal of the state of country)	*State the DISEASE CAUSING DEATH, or, in deaths from Wolfent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of MOTHER Stamman a. Schooley	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Country	At place In the of death yrs, mos, ds. State yrs, mos, ds
(Interment)	Where was disease contracted, If not at place of death? Former or usual residence
Filed	20 UNDERTAKER ADDRESS ADDRESS
of more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At. Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) For persons

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpural schilchaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," thenia," "Anaemia" (merely symptomatic), "Atrophy," (Collapse," "Coma," "Convultions," "Debility" ("Conample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic oma. Sarcoma. etc., of _ "Kart fallure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," "Traemia," "Weakness," "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: State cause for Examples:



V. B. No. 1.

PLACE OF DEATH 5157	STATE OF MARYLAND
County Houty	CERTIFICATE OF DEATH
County	Registration Dist. No. 217
Village or City Hashington Therreno.	St.; Ward) [If death occurred in a hospital or lostitution, give its WAME instead of street and number.]
* FULL NAME Mary agreed	Kausel uninet.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SAINGLE, MARRIED, WIDOWEO, OROVORCED (Write the worgs)	16 DATE OF DEATH Office 14th (Month) (Day) (Year) 17 A I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH Masch, 1913 (Month) (Day) (Year	april 13, 1913, to april 14, 1917, that I last saw h 2 alive on april 14, 1912
7 AGE 11 LESS 11 1 day,	and that death occurred on the date stated above, at 10 249. m. The GAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work	Whooping Georgh
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Explanation yrs mos 4 ds.
(State or country) A4A	(Secondary) (Doration) yrs mes / ds.
O 11 PRETURE Cobest H. Kaises	(Signed) (Signed), M. D. (Address) & Children (M. D.
11 BIRTHPLACE OFFATHER (State or country) Hashington all 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE M/	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country) 14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ut death yrs. mos. 22 ds. State yrs. mos. 22 ds. Where was disease contracted,
informant, Policit. H. Faiser	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Chil 121, 1913 C. n. Filed Chil 121, 1913 C. n. Filed Chil	Ochyelle, mg Con 15, 1913. 20 UNDERTAKER ADDRESS
REGISTRAR	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care statement. the nature of the business or indust; and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Mealthful. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease cause to the same accepted term for the same disease. Examples: Coredrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Puerperal scottchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for -hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronu ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For vio-



1 PLACE OF DEATH 54 9	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty Dulg omery	Registered No.
Villags or City Colored (No	St; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h . m. alive on apr. 21 , 1913
7 AGE 7 2 If LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at 12.40 h.m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Secondary) (Quarties) (Quarties) (Quarties) (Quarties) (Quarties) (Quarties) (Quarties) (Quarties)
10 NAME OF FATHER Joseph Kaufman	(Signed) (Signed), M. D. (Address) Rockville, All
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Auny Canana	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TAYE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place of death yrs. mos. 6 ds. State yrs. mos. 6 ds. Where was disease contracted, fasherslan d. 6. If not at place of death?
(Informant) Heury Haufuan	Former or 2/8 85 At. N. E. Nashington, S. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) D.O. T.	20 UNDERTAKER ADDRESS
REGISTRAR If more blanks are needed, address State Registra	V

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, As exampies For persons (4)

Statement of cause of death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify an mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malle-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: For VIO-2



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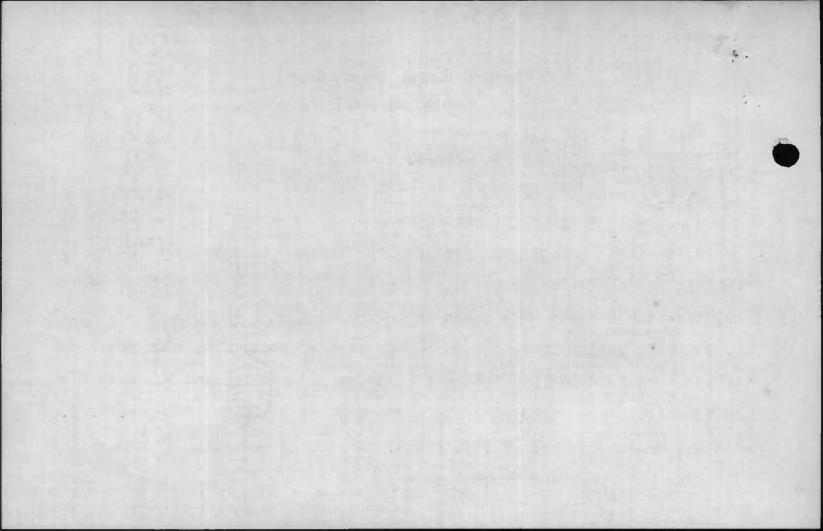
Chestunt Lodge Sanitarium

Rockville, Maryland February, 5, 1914.

Dr. John S. Fulton, Sec'y State Department of Health of Md., Baltimore, Maryland.

Dear Sir:-

Replying to your communication of the 27th ult. in which you state that the original certificate of death in the case of Levi J. Kaufman cannot be located, and to those of the 2d and 4th inst., beg to say that the remains were taken in charge by the local undertaker, Mr. V. R. Pumphrey acting for a Washington undertaker whose name I do not know. I have supplied the information called for on the inclosed blank so far as I am able to do; the other data you doubtless can get from Dr. C. H. Mannar, Health Officer of this place. Trusting that this will be sufficient for your purposes, I am Very truly yours, & L. L. Lucial



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should istate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

1 PLACE OF DEATH

Co	unty Montgomery	CERTIFICATE OF	DEATH
		Registration Dist	. No. ≪(3
Vii	1age or City Rockerthe, (No. , -	St.;—Ward)	[If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
35	hale While Single, Married or olyonced (Write the word)	18 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I	(Day (Year)
6 D	(Month) (Day (Year)	that I last saw h im alive on left	ril 21, 1913,
7 A	1 LESS than 1 day,hrs. 0 0 0 0 0 0 0 0 0	and that death occurred on the date atated The CAUSE OF DEATH* was as follows:	above, at 12. 46 [m,
(a	CCUPATION) Trade, profession, or ricular kind of work.	Cenility	
bus	General nature of Industry, iness, or establishment in ich employed (or employer)	Contributory arteris or	leropie
	10 NAME OF Joseph Haufman	Secondary (Doration) (Signed)	yrs mos ds.
PARENTS	11 BIRTHELACE OF FATHER (State or country) 12 MAIDEN NAME 1.	*State the Disease Causing Death, or, Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	In deaths from Violent d (2) whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country) Grmany		INSTITUTIONS, TRANSIENTS,
	(Informant) Lenny & aufman	Where was disease contracted Pashier If not at place of death? Former or usual residence 2/8 8 the St. B.	Washington DC
15	(Address) 2030-14 at 91.0 11.00.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Fil	ed	20 UNDERTAKER	ADDRESS
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S.	No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of ill-Kervant, Cook, Housemaid, ctc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the nisease essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the Disable Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal soptichaeetc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastcs (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicidc. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. classified. pinous -THIS properly AGE supplied. may be terms, s should of information sho DEATH in plain ter See instructions on WRITE PLAINLY,

CAUSE OF I

NB

m

Lontgomery County

Village or City...

Damascus

5158

(No. 113)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 221

.St.;....Ward)

[if death occurred in a hospital or Institution, give its NAME Instead of street and number.]

Eli T. Lawson

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL GERTIFICATE OF DEATH				
3 SEX Mal	4 COLOR OR RACE White	S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)		16 DATE OF DEATH	April (Month) CERTIFY, That I	23d (Day)	, 1913 (Year)
G DATE OF BIRTH Narch 2 1847			July im	Apr. 2	23,1913	, 191	
7 AGE	(Month)		(Year) if LESS than 1 day,hrs. ORmin.?	and that death occurred o	n the date stated was as follows:	above, at 11	.55p.
particular (b) Genera business, (which empi BIRTHP (State of	country) Maryl			Gontributory (Secondary)	Lose their	known • mo	• • • • • • • • • • • • • • • • • •
10 NAME OF FATHER James D. Lawson 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Mary Ann Davall		(Signed) Les. M. Apr. 24, 1913 (1	Moyer	iaseur	716.		
		*State the DISEASE CA CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC	USING DEATH, or, S of INJURY; and	in deaths from (2) whether	VIOLENT ACCIDEN-		
(St	RTHPLACE MOTHER METYL ME	ST OF MY KNOW	LEDGE	OR RECENT RESIDENTS) At place of death yrs mos. Where was disease contracted, if not at place of death?			
(Inform	Mrs. Mary Damascus, ddress) R.D., M	Md.		Former or usual residence	REMOVAL		PIAL
		***************************************	REGISTRAR	20 UNDERTAKER Wm. T. Lowis		ptown, 1	

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homieide; Poisoned such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. State cause for mus," "Old Age," "Shock." "Traemla," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage. as "Tuespeeal scotichaeetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic); "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-



certificate

6

back

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See Instructions

Important.

m

z:

YSICIANS should state OCCUPATION IS very

PLACE OF DEATH 5159 PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED, widoweo, or Divorceo (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) TAGE It LESS that 1 day....hrs OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country 1D NAME OF FATHER S 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country 14 THE ABOVE IS TH (Address) 15 docal REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 220

St.:...Ward)

[It death occurred in a hospital or institution, give its NAME Instead ot street and number. 1

RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE Single, MARRIED, WIDOWEO, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 (MEREBY CERTIFY, There's extended decreased from
1071	The state of the s
May 10th, 1910	febry 28-, 1913, to offer 10-, 1913.
(Month) (Day) (Year)	that I last saw half alive on the 10
1 LESS than 1 day,hrs.	and that death occurred on the date stated above, at
yrs. // mos. ds. OR min.?	
ON /	Oronalo preumoria
ession, or Notes	Thehly to
ture of industry,	
establishment in	Q (Ouration) vrs. mos de
(or employer)	(Ulranon) yrs. mos ds.
metry) Manshand	Gentributory Who fring Guelland (Secondary)
E OF Dernis Me Abre	(Signed) J. R. Jourgh M. D.
HPLACE FATHER te or country) Manshand	*State the DISEASE CAUSES DEATH, or, in deaths from VIOLENT
MOTHER MOULE That Player	TAL, SUICIDAL, OF HOMICIDAL.
may rought	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
HPLACE MUNICIPAL MUNICIPAL MANAGEMENT OF COURTY)	At place in the ot death yrs mos ds. State yrs mos ds.
MIGHE TO THE BEST OF MY KNOWLEDGE	where was disease contracted, It not at place of death?
Muy Mitoure	Former or
ss Banesville Mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
0 m 91. V. t.	Togattstown Md. Spr 12th, 1913.
11 ,1913 X. M. Sulle	MODRESS
docal REGISTRAR	1. Gillow & ow. Barresville
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

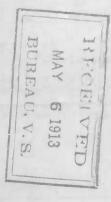
No. 3

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or indust, y, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

genitai," cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For vicmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purrperal scottchaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Meastes; Whooping cough; Chronic oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." sepsis, tctanus) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopncumonia (secondary), 10 ds. Never report is iess definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from Measles (disease causing "Senile." etc.), may be stated under the head (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-The nature of the death), 29 ds.: Examples: of



BINDING FOR RESERVED MARGIN

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 IS UNFADING INK-THIS WRITE PLAINLY, WITH S. No. 1.

PLACE OF DEATH 5408	STATE OF MARYLAND
County Manigary	CERTIFICATE OF DEATH
County Carry	Registration Dist, No.
Village or City Coer Cree (No. 11)	St.: Ward) [If death occurred in
Times of Oily-	a hospital or institution,
800_ ma	aruder of street and number.]
FULL NAME	June 1
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED, A LALAS	(Month) (Day) (Year)
Jenuale (Write the word)	17 / I HEREBY CERTIFY, That I tended deceased from
8 DATE OF BIRTH	Am. £9 1915 to Afor 29 1913
march 30 1854	at som
(Month) (Day) (Year)	that I last saw harmalive on 1913
7 AGE If LESS than	and that death occurred on the date stated above, at 1023 Pm.
59 yrs. \$\mathbb{Z} \text{mos. 29 ds. }\frac{1}{\oldsymbol{QR}} \text{day,hrs.}	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or	Or Jame Hear Disease
particular kind of work	
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE	Gontributory (Secondary)
(State or country) Waruland	
10 NAME OF	(Suration) yrs mos ds.
FATHER PSCENE Magrude,	(Signed) . M. D.
O 11 BIRTHPLACE	1902-29, 1913 (Address) Contreed and
Z OFFATHER (State or country) MANulaud	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
Z OF FATHER (State or country) Maryland 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Muller and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTE
OF MOTHER (State or country) Maryland	of death yrs mos ds. State yrs mos ds
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Vans Illadry Leal	If not at place of death?
(Informant)	usuai residence
(Address) Cochurlle, Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(ROUTESS)	Roching Ded Maril 2
	20 UNDERTAKER ADDRESS
Filed	las R. Punge Radwers V. 1

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genltal," oma. Surcoma. etc., of injury, as fracture of skull and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock," "Traemia," "Weakness," "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Examples:



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	PLACE OF DEATH 5160	STATE OF MAR CERTIFICATE OF	
Co	unty // // //	Registration Dist	No. 2/2
Vi	ilage or City Martinsbung.	St.; Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH
3 SE	Male White Single, Married, Wildowsed, Ordiversed (Write the word) ATE OF BIRTH Apr 23, 1916	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I a That 2 H, 1913, to that I last saw h wally on	(Day) (Year) Itended deceased from
7 AG	(Month) (Day) (Year) AE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	pove, at 4 9 m,
(b) busi whi	General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE tate or country)	Contributory Measles (Secondary)	yrs. mos / Dus.
NTS	10 NAME OF FATHER John & Goole 11 BIRTHPLACE OF FATHER (State or country) MA	(Signed) (Si	olisvelle
PARENT	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) M	*State the DISEASE CAUSING DEATH, or, in CADSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS. IN OR RECENT RESIDENTS) At place In the ot death	
	(Informant) Dawa B. Boole	Where was disease contracted, it not at place of death? Former or usual residence	
16 Fil	ied of 1,1913 Ewwhitz REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER HULLON HALL	DATE OF BURIAL ADDRESS Popleavell
	more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekcepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can he known. The question who have no occupation whatever, write None. who receive a definite saiary), may be entered as mine, etc. it should he used only when needed. the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons 9

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencls injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of had-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Dehliity" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not he stated unless important nant neoplasms); Measles; Whooping cough; Chroniu ter" is less definite; avoid use of "Tumor" for maligoma. Surcoma. etc., of The contributory (secondary or intercurrent) "Old Age," "Shock," "Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may he stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1913
BUREAU, V.S.

PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT stated EXACTLY. properly classified. AGE should be UNFADING INK-THIS carefully supplied. WRITE PLAINLY, WITH See Instructions on of information s DEATH in plain

PLACE OF DEATH

5161

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/3

St.;....Ward)

[it death occurred in a hospital or institution, give its NAME instead of street and number. 1

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, Widowed, Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17, I HEREBY CERTIFY. That I attended deceased from
Month) (Day) (Year)	that last saw here alive on March 18 1913
GOCCUPATION (a) Trade, profession, or Common of Common o	and that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH* was as follows: Serve decay.
(a) Trade, profession, or particular kind of work	Gontributory (Secondary)
10 NAME OF FATHER NO NEORD 11 BIRTHPLACE OFFATHER (State or country) No record	(Signed)
13 BIRTHPLACE OF MOTHER NO record 13 BIRTHPLACE OF MOTHER (State or country) No record	TAL, SUICIDAL, OF HOMICIDAL. 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place in the ot death
(Informant) Heulea Jud	if not at place of death? Former or usual residence
Filed 191 REGISTRAR	20 UNDERTAKER POLL DANIS POLL DANIS POLL DANIS POLL DANIS POLLOSANDO 1.

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. ż

CAUSE OF Important. S

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to the disease always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "l'unepperal septichae mus," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tctanus) injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. oma. Sarcoma. etc., of . "Contributory." by carbolic acid-probably suicide. The nature of the mere symptoms er terminal conditions, such as "As Bronchopncumonia (secondary). 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. Examples: For vio 00



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be informant. See instructions on back of certificate. N. B.—Every item of information should be CAUSE OF DEATH in plain terms, se V. S. No. 1.

1 PLACE C	F D	EATH
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5162

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 217

.....Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONA	L AND STATISTIC	CAL PARTICULA	ARS	MEDICAL CE	RTIFICATE O	F DEATH
malr 4	COLOR OR RACE	Single, MARRIED, WIDOWED, ORDIVORCED (Write the WO	ingle.	16 DATE OF DEATH	(Month)	2,1913. (Day (Year)
6 DATE OF BIRTH	(Month)	g.	, 190Z.	that I last saw h	3. to 4	- 2 - ,1913.
OCCUPATION (a) Trade, protession, or particular kind of work.	5 yrs 9	mos	It LESS than 1 day,hrs. ORmln.?	and that death occurred on the CAUSE OF DEATH* was some of the CAUSE OF DEATH of the CAUSE OF TH	s as follows:	d above, at 110 m.
(b) General nature of in business, or establishm which employed (or amp	nent in	<i>-</i>	********************************	6 -	(Duration)	yrs. of mos. of ds.
9 BIRTHPLACE (State or countr	у.)	ml		Gontributory Secondary	(Duration)	yrs mos / ds.
10 NAME OF FATHER 11 BIRTHPLAC OF FATHER (State or c) 12 MAIDEN N. G. MOTHE	ountry)	nd Ble	off.	(Signed)	ess) Lessino Death, of Of Injury; a	e spenje sto
13 BIRTHPLAC OF MOTHEI (State or c	e Country) M	de ma	Trace	16 LENGTH OF RESIDENCE (or Recent Realdents) At place ot death yrs mos Where was disease contracted,	In the	s, Institutions, Transienta, yrs, ds
(Intermant)	RUE TO THE BES	S. Ser	ELEDGE FILL	If not at place of death? Former or usual residence	20 0 mm	***************************************
(Address)/N	,1913 Cha	Focal	lav. REGISTRAR	Sharp Street lose 20 UNDERTAKER George R. Suow trar, 6 E. Franklin St., Balto., I	den ,	ADDRESS Brighton; Med

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a defiuite saiary), may be entered as "Manager," "Dcaler," etc., without more precise specistatement. material worked ou may form part of the second (a) Spinner, it should be used only when needed. additional liuc is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," engineer. (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberencessis of lungs, meninges, peritonaeum, etc., Carcin-

naut ueoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetunus) may be stated under the head of injury, as fracture of skuil, and cousequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Thmor" for maligoma, Sarcoma, etc., of..... (name origiu; "Canture of the American Medicai Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgleai operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaccause. "Heart failure," "Haemorrhage," "Iuauition," "Marasaffectiou need not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 ds.; State cause for "Exhaustiou," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

Village or City Rockerth (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2 9 St; Ward) St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
mknom	1913, to 1913,
(Month) (Day) (Year)	that I last saw hell alive on Charles 8 ,1913
FAGE If LESS than 1 day,hrs. or	and that death occurred on the date stated above, at
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	At place of death yrs. mos. ds. State Syrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTIKER R. W. Purply Son Richelle Merchalle R. W. Purply Son Richelle Merchalle R. Pranklin St. Police Merchalle R. Pranklin St. Polic

[Approved by L. S. Census and American Public Health
Association.]

it should be used only when needed. As examples: who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. statement. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "Puenperal septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma, etc., of . Sarcoma. etc., of (name origin; "Canis less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head "Dropsy," "Exhaustion,"



V. S. No. 1.

RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Village or City (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 [If death occurred in a hospital or institution, give its NAME iostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFACATE OF DEATH
SEX 4 COLOR OR RACE MARRIEO, WIDOWEO, OR DIVORCEO (Write the word)	16 DATE OF DEATH (Mouth) (Day) (Year) 17 I HEREBY CERTIFY, That Nattended deceased from 1912, to 1912,
(Month) (Day) (Year) 7 AGE if LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Ouration mos ds.
State or country) 10 NAME OF FATHER 10 SAME OF SULLY AN	Contributory (Secondary) (Duration) yrs mos ds. (Sinned) , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OF MOTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place of death yrs, mos ds. Where was disease contracted, If not at place of death?
interment) Julium 13 Julium (Address) Syral: Julium 15	Former or usual residence 19 PLACE OF BURIAL OB REMOVAL 1 WWW
Filed, 191	r, 6 B. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The statement. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illfication, as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc... Carcinosis

ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never repor affection need not be stated unless important. ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For vio-



BINDING FOR RESERVED MARGIN

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

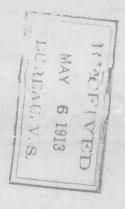
ounty Monta	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Brash with 1869.	Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, DRIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	aps / 1913, to aps /3 , 1913, that I last saw h mailve on aps /3 , 1913
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work Andrews	Usming China
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary) (Duration) yrs. mos. 2 ds. (Duration) yrs. mos. /3 ds.
10 NAME OF FATHER Shas W Thompson	(Signed) EM, While M. D.
C 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant). The BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address) Defending 19 18 mg 16 Filed apr 14, 1913 EW While REGISTRAN	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL April 1913. 20 UNDERTAKER PLACE OF BURIAL April 1913. PART DATE OF BURIAL APRIL 1913.
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an mine, etc. statement. essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) For persons (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puzzperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock." 'Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Debility" ("Congenital," "Senile." etc.), "Dropsy," "Exhaustion," by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as "Heart fallure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never repor-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of death), 29 ds. State cause for Examples: For vio-0



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pish terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN

1 PLACE OF DEATH 5166	STATE OF MARYLAND CERTIFICATE OF DEATH
County MANGEMEN	Registered No. 217
Vallage or City Edner (No. Pull NAME Raphael We	St; Ward) [it death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	That I last saw has allve on April 22 1913
7 AGE / 10 // If LESS than 1 day,	and that death occurred on the date stated above, at S. A., m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Brocks. Preminia
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Manyland	(Buration) yrs. mos. ds. Contributory Clauses (Secondary) (Doration) yrs. 2/2 mos. ds.
10 NAME OF Sugaran Willen 11 BIRTHPLACE	(Signed) M. D. L. Cossel , M. D. April 74, 1913 (Address) Staghland
OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER Aug lo Carr	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Maryland	OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted.
(Informant) award Wilson	If not at place of death? Former or usual residence
(Address) Cdnor.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL April 25, 1913 20 UNDERTAKER ADDRESS
FOTOL REGISTRAR	Jeorge & Treach Lawel M. r. 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT PEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Ohronio cer" is less definite; avoid use of "Tumor" for mallyture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) (name origin; "Cancause for For VIO-

